nearly the same number of women die annually as a result of cervical cancer as do of HIV/AIDS in the United States.

HPV is a sexually transmitted disease and despite claims by condom manufacturers and advocates, studies have repeatedly found that condoms do not provide effective protection against HPV infection.

In a February 1999 letter to the U.S. House Commerce Committee, Dr. Richard D. Klausner, then-Director of the National Cancer Institute, stated ''Condoms are ineffective against HPV because the virus is prevalent not only in the mucosal tissue (genitalia) but also on dry skin of the surrounding abdomen and groin, and it can migrate from those areas into the vagina and the cervix. Additional research efforts by NCI on the effectiveness of condoms in preventing HPV transmission are not warranted.''

In 2001, the National Institute of Allergy and Infectious Diseases along with FDA, CDC, and the U.S. Agency for International Development issued a consensus report regarding condom effectiveness that concluded ''there was no epidemiologic evidence that condom use reduced the risk of HPV infection.''

In November 2002, a meta-analysis of ''the best available data describing the relationship between condoms and HPV-related conditions'' from the previous two decades was published in the journal Sexually Transmitted Diseases. The meta-analysis concluded: ''There was no consistent evidence of a protective effect of condom use on HPV DNA detection, and in some studies, condom use was associated with a slightly increased risk for these lesions.''

CDC issued a report in 2004 that concluded:

> Because genital HPV infection is most common in men and women who have had multiple sex partners, abstaining from sexual activity (i.e., refraining from any genital contact with another individual) is the surest way to prevent infection. For those who choose to be sexually active, a monogamous relationship with an uninfected partner is the strategy most likely to prevent future genital HPV infections. For those who choose to be sexually active but who are not in a monogamous relationship, reducing the number of sexual partners and choosing a partner less likely to be infected may reduce the risk of genital HPV infection. . . .
>
> The available scientific evidence is not sufficient to recommend condoms as a primary prevention strategy for the prevention of genital HPV infection.

Based on these findings, the law required CDC to ''prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address modes of transmission, consequences of infection, including the link between HPV and cervical cancer, the available scientific evidence on the effectiveness or lack of effectiveness of condoms in preventing infection with HPV, and the importance of regular Pap smears, and other diagnostics for early intervention and prevention of cervical cancer.''

The CDC has largely ignored this provision of the law and as a result few women are aware of HPV or its link to cervical cancer. According to a 2005 Health Information National Trends Survey, only 40 percent of women have ever heard about HPV. Of those that have heard of HPV, less than 20 percent knew that HPV could sometimes lead to cervical cancer, meaning that only about 8 percent of American women are aware that HPV can cause cervical cancer. The only factors associated with having accurate knowledge—knowing that it could lead to cervical cancer—was an abnormal Pap test or testing positive on an HPV test. This suggests that most women are finding out about HPV only after experiencing a negative consequence. This is the real life consequence of the CDC's failure to enact this law and to make women aware of the facts regarding HPV and cervical cancer.

The law also directs the Food and Drug Administration (FDA) to ensure that such condom labels are medically accurate regarding the lack of effectiveness of condoms in preventing HPV infection.

The Subcommittee first wrote to the FDA requesting a status update on the enactment of this law on August 23, 2001. ''FDA is currently developing an implementation plan for carrying out Public Law 106–554,'' was the response from Melinda K. Plaisier, FDA Associate Commissioner for Legislation, dated November 20, 2001.

On February 12, 2004, the Subcommittee wrote to Dr. Mark B. McClellan, FDA Commissioner, requesting ''the agency's timetable for relabeling condoms in compliance with Public Law 106–554.'' In a response to the Subcommittee dated March 10, 2004, Amit K. Sachdev, FDA Associate Commissioner for Legislation, stated, ''the Agency is working on developing a proposed rule to be accompanied by draft labeling guidance for public comment later this year.''

In a hearing before the Subcommittee on March 11, 2004, Dr. Daniel G. Schultz, FDA Director of Device Evaluation, stated ''FDA is working to present a balanced view of the risks and benefits in condom labeling . . . FDA is preparing new guidance on condom labeling to address these issues, with the target of publishing that guidance as a draft for public comment later this year.''

On November 19, 2004, the Subcommittee sent a letter to Acting FDA Commissioner Lester Crawford requesting an update on whether or not the oft repeated deadline previously provided would be met.

And earlier this year, I sent a letter to HHS Secretary Michael Leavitt again asking for a date certain when the FDA will finally be in compliance with Public Law 106–554 by requiring condom labeling to be medically accurate and an explanation for the continued delay by the FDA in complying with this 4-year-old law.

Just this week, mere days before the 6-year anniversary of the signing of the law, FDA staff has admitted that the agency is still in the beginning stages of crafting a new medically accurate informational label for condom packages. By way of comparison, it took 410 days to build the Empire State Building and 2 years, 2 months and 5 days to construct the Eiffel Tower.

Over the 6 years since this law was signed, CDC and FDA have repeatedly delayed and found excuses to avoid complying with the simple requirements of the law that would empower women with lifesaving information. This continued delay undermines the scientific integrity of both agencies and further jeopardizes the confidence of the public and many in Congress in these agencies' ability to fulfill their very important missions.

It is my hope that a year from now Congress will not have to pass yet another new law to direct HHS, CDC and FDA to enact the existing law. The lives of our sisters, daughters, mothers, or friends are too important to allow yet another one to fall victim to this silent epidemic.

Mr. LEVIN. Mr. Speaker, I rise in strong support of H.R. 1245, ''Johanna's Law,'' which earlier today passed the Senate by unanimous consent.

It was more than 4 years ago that Sheryl Silver first told me about her sister, Johanna, who died of ovarian cancer in 2000 after a fierce, hard-fought battle.

This legislation, in honor of Johanna Silver and her valiant fight, is emblematic of the fight undertaken by so many women across the country battling gynecological cancer and their determination to help other women be treated sooner.

Like so many women, Johanna had experienced symptoms, which were not identified initially. By the time she was properly diagnosed, her cancer had advanced significantly, to a point where treatment is considerably more complicated. Because gynecological cancers are highly treatable at early stages, public education for women and their primary care physicians is all the more important.

Johanna's Law does just this, creating a national public information campaign to educate women and health care providers about the risk factors and early warning signs of gynecologic cancers, but goes a step further, requiring HHS to quickly develop a national strategy to get this information to women at the highest risk and their health care providers.

After 3 years since this legislation was first introduced, it is finally coming to fruition. Its passage is a real victory for everyone who has been fighting to get the facts out about gynecologic cancers.

I want to thank all the people whose determined efforts have gotten us to where we are today, including Sheryl Silver, who worked tirelessly from the conception of this legislation through to the organization of the advocacy done by many organizations and individuals to assure its passage, as well as cancer survivors and families across the country, physicians, my colleagues on both sides of the aisle, especially DARRELL ISSA, ROSA DELAURO, and KAY GRANGER, and our counterparts in the Senate for getting the bill back to us in such short order.

I urge all of my colleagues to support Johanna's Law and strike a blow against gynecologic cancers.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Texas?

There was no objection.

A motion to reconsider was laid on the table.

CLARIFYING CERTAIN LAND USE IN JEFFERSON COUNTY, COLORADO

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 4092) to clarify certain land use in Jefferson County, Colorado, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 4092

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CLARIFICATION OF CERTAIN LAND USE IN JEFFERSON COUNTY, COLORADO.

Notwithstanding any applicable State or local land use or condemnation laws or regulations, and subject to all applicable Federal laws and regulations, any person that holds an approved Federal Communications Commission permit to construct or install either a digital television broadcast station antenna or tower, or both, located on Lookout Mountain in Jefferson County in the State of Colorado, may, at such location, construct, install, use, modify, replace, repair, or consolidate such antenna or tower, or both, and all accompanying facilities and services associated with such digital television broadcasts, if such antenna or tower is of the same height or lower than the tallest existing analog broadcast antenna or tower at such location.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM REAUTHORIZATION ACT OF 2006

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 5472) to amend the Public Health Service Act to provide waivers relating to grants for preventive health measures with respect to breast and cervical cancers, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The Clerk read the bill, as follows:

H.R. 5472

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006''.

SEC. 2. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

Title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) is amended—

(1) in section 1501(d)—

(A) in the heading, by striking ''2000'' and inserting ''2020''; and

(B) by striking ''by the year 2000'' and inserting ''by the year 2020'';

(2) in section 1503, by adding at the end the following:

''(d) WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.—

''(1) IN GENERAL.—The Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) if the Secretary finds that—

''(A)(i) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

''(ii) the application of such requirements would result in a barrier to the participation of qualifying women in the services or activities described in paragraphs (1) and (2) of section 1501(a);

''(B) granting such a waiver to the State will not reduce the number of women in the State who receive any of the services or activities described in paragraphs (1) and (2) of section 1501(a), including screening procedures for both breast and cervical cancers; and

''(C) granting such a waiver to the State will not adversely affect the quality of any of the services or activities described in paragraphs (1) and (2) of section 1501(a).

''(2) DURATION OF WAIVER.—

''(A) IN GENERAL.—In granting waivers under paragraph (1), the Secretary—

''(i) shall grant such waivers for a period of 2 years; and

''(ii) upon request of a State, may extend a waiver for additional 2-year periods in accordance with subparagraph (B).

''(B) ADDITIONAL PERIODS.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of each 2-year waiver period described in subparagraph (A), review performance under the waiver and may extend the waiver for an additional 2-year period if the Secretary finds that—

''(i)(I) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

''(II) without an extension of the waiver, the application of the requirements of paragraphs (1) and (4) of subsection (a) would result in a barrier to the participation of qualifying women in the services or activities described in paragraphs (1) and (2) of section 1501(a);

''(ii) the waiver has not reduced, and granting the waiver extension will not reduce, the number of women in the State who receive any of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

''(iii) the waiver has not adversely affected, and granting the waiver extension will not adversely affect, the quality in the State of any of the services or activities described in paragraphs (1) and (2) of section 1501(a).

''(3) REPORTING REQUIREMENTS.—The Secretary shall include as part of the evaluations and reports required under section 1508, the following:

''(A) A description of the total amount of dollars leveraged annually from private entities in States receiving a waiver under this subsection and how these amounts were used.

''(B) With respect to States receiving a waiver under this subsection, a description of—

''(i) the percentage of the grant that is expended on services or activities described in paragraphs (1) and (2) of section 1501(a); and

''(ii) the percentage of the grant that is expended on services or activities described in paragraphs (3) through (6) of section 1501(a).

''(C) A description of the number of States receiving waivers under this subsection annually.

''(D) With respect to States receiving a waiver under this subsection, a description of the number of women receiving services under paragraphs (1), (2), and (3) of section 1501(a) in programs before and after the granting of such waiver.'';

(3) in section 1504(a), by striking ''pursuant to paragraphs (1) and (2) of section 1501(a)'' and inserting ''pursuant to paragraphs (1), (2), and (3) of section 1501(a)''; and

(4) in section 1510(a)—

(A) by striking ''and'' after ''$150,000,000 for fiscal year 1994,''; and

(B) by inserting '', and $250,000,000 for each of fiscal years 2007 through 2011'' before the period at the end.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MR. BARTON OF TEXAS

Mr. BARTON of Texas. Mr. Speaker, I offer an amendment in the nature of a substitute.

The Clerk read as follows:

Amendment in the nature of a substitute offered by Mr. BARTON of Texas:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006''.

SEC. 2. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

Title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) is amended—

(1) in section 1501(d)—

(A) in the heading, by striking ''2000'' and inserting ''2020''; and

(B) by striking ''by the year 2000'' and inserting ''by the year 2020'';

(2) in section 1503, by adding at the end the following:

''(d) WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.—

''(1) IN GENERAL.—The Secretary shall establish a demonstration project under which the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may waive the requirements of paragraphs (1) and (4) of subsection (a) for not more than 5 States, if—

''(A)(i) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

''(ii) the application of such requirement would result in a barrier to the enrollment of qualifying women;

''(B) the State involved provides assurances that the State will, on an annual basis, demonstrate to the Secretary the manner in which the State will use such waiver to maintain or expand the level of screening and follow-up services provided immediately prior to the waiver, and provide documentation of compliance with such maintenance or expansion requirement;

''(C) the State involved submits to the Secretary a plan for maintaining the level of activities carried out under the waiver after the expiration of the waiver;

''(D) the Secretary finds that granting such a waiver to a State will not reduce the number of women in the State that receive each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers; and

''(E) the Secretary finds that granting such a waiver to a State will not adversely affect the quality of each of the services or activities described in paragraphs (1) and (2) of section 1501(a).

''(2) DURATION OF WAIVER.—

''(A) IN GENERAL.—In granting waivers under paragraph (1), the Secretary—

''(i) shall grant such waivers for a period of 2 years; and

''(ii) upon request of a State, may extend a waiver for an additional 2-year period in accordance with subparagraph (B).

''(B) ADDITIONAL PERIOD.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of the 2-year waiver period described in subparagraph (A), review performance under the waiver and may extend the waiver for an additional 2-year period if the Secretary determines that—

''(i)(I) without an extension of the waiver, there will be a barrier to the enrollment of qualifying women; or